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CONFIRMATION NO. 3057

<b>SERIAL NUMBER</b> 10/757,545	<b>FILING OR 371(c) DATE</b> 01/15/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 4301-1024-1
<b>APPLICANTS</b> Peter Fischer, Wien, AUSTRIA;  <b>** CONTINUING DATA *****</b> This application is a CON of 09/856,352 10/17/2001 ABN which is a 371 of PCT/AT99/00284 11/22/1999  <b>** FOREIGN APPLICATIONS *****</b> AUSTRIA A1995/98 11/27/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/16/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> AUSTRIA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 6
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 000466				
<b>TITLE</b> Use of effectors of the central cholinergic nervous system for treatment of delirium				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	